

Patient Name: _____ Age: _____ Wt: _____

Medication: _____

Date: _____ at _____ AM / PM Ordered by: _____

This medication was given to you to help decrease your anxiety and allow you to complete your examination.

Common side effects include: sleepiness, slurred speech, dizziness, light-headedness, rapid heart rate, low blood pressure, dry mouth, and very rarely: headache, confusion, or a depressed irritable mood.

FOLLOW-UP INSTRUCTIONS:

- For the next 24 hours:
 - Do not drive, operate machinery, power tools or dangerous appliances.
 - Do not take any other muscle relaxers, sedatives, hypnotics, or mood altering medications unless ordered by your physician who is aware that you had oral sedation.
 - Do not make any important decisions or sign important papers.
- You should not drink any alcoholic beverages for the remainder of today.
- Call MedWest Haywood Department of Radiology at **(828) 452-8153** if questions or problems arise.

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Take this sheet with you should you have to go to an emergency department or see your doctor within the next 24 hours.

Patient / Guardian Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

**MEDWEST HAYWOOD
DEPARTMENT OF RADIOLOGY
ANXIOLYTIC
DISCHARGE INSTRUCTIONS**

RAD025 (08/31/08)



DOB: _____

AGE: _____